



ROSS MILLER
Secretary of State
204 North Carson Street, Ste 1
Carson City, Nevada 89701-4299
(775) 684 5708
Website: www.nvsos.gov

Certificate of Revival

(PURSUANT TO NRS 82.546)

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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Revival for a Nevada Nonprofit Corporation
(For Nonprofit Corporations Governed by
NRS Chapters 81 (except 81.010) and 82)

1. Name of corporation:

2. Registered Agent for service of process: (check only one box)

☐ Commercial Registered Agent:
Name

☐ Noncommercial Registered Agent
(name and address below)

☐ Office or Position with Entity
(name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

NEVADA
Street Address City Zip Code

NEVADA
Mailing Address (if different from street address) City Zip Code

3. Date when revival of charter is to commence or be effective, which may be, before the date of the certificate:

(month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The corporation's existence shall be:

PERPETUAL or
(Time for which the revival is to continue)



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5. Names and addresses of **President, Secretary, Treasurer and Directors:** (additional pages may be attached as necessary)

Name of **President** or equivalent

Address

City

State

Zip Code

Name of **Secretary** or equivalent

Address

City

State

Zip Code

Name of **Treasurer** or equivalent

Address

City

State

Zip Code

Name of **Director**

Address

City

State

Zip Code

Name of **Director**

Address

City

State

Zip Code



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6. The undersigned declare that the corporation desires to revive its corporate charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapters 81 and 82.

7. Signatures: This certificate must be executed by the **President or Vice President** **AND** **Secretary or Assistant Secretary.**

The undersigned declare that the execution and filing of this certificate has been approved unanimously by the last-appointed surviving directors of the corporation and that unanimous consent has been secured:

X
Signature

Title

X
Signature

Title

A REGISTERED AGENT ACCEPTANCE *MUST* ACCOMPANY THIS CERTIFICATE

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.